1.	PLACE OF DEAT	5016		1 2. USUAL RESIDE	NCE (Where de	ceased lived. If i	institution: Reside	nce before edmission
	a. COUNTY	St. Mary's	MARYLAND	•. STATE Man		b. COUN	TY O.	Mary ts
	write RURAL on	if outside corporate limits give nearest town)	- (	c. CITY OR TOW	N (If outside corpo	orete limits, write		
_		Leonardtow	not in hospital, give street eddress)	X Rural		ywood	-	e. IS RESIDENCE
	St		Hospital					YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	y Year
	(Type or print)	Jane	Loretta	Abell	DEATH	April	. 3,	19 62
	SEX	1 mm 4 m	THE MAKED	8. DATE OF BIRTH	9.	last birthday)	Months Deys	Hours Min.
	F'emale  B. USUAL OCCUPAT	White	10b. KIND OF BUSINESS OR INDUST	June 27,		82 yrs.	12. CITIZEN	OF WHAT COUNTS
do		orking life, even if relired <b>wife</b>	Home		-	arvlan		S.A.
13	FATHER'S NAME	J		14. MOTHER'S MAID				
		William W	ible	Cather	rine Ha	yden		
		ER IN U.S. ARMED FORCE	rvice)	INFORMANT		Address		
_	no			Manning Al	bell	Hollyw		aryland
		H WAS CAUSED BY:	cause per line for (e), (b), end (c),]	1- 0	,			NTERVAL BETWEEN
	100	IMMEDIATE CAUSE (e)_	Coroning on	IND ANG	wer			years.
		A Acres no	9					/
	Conditions if an	DUE TO	D DI t	- 0.			)	Duran
	Conditions, if any	y, which (b)_	generalys ates	in sclor	orio_		)	dyen
		y, which (b)_	generalyel arter	in selon	orio		)	dyen
NO	gave rise to immed (e), stating the cause lest.	y, which (b)	Contributing to DEATH BUT N	ot related to the ter	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	D year  19. WAS AUTOPS PERFORMED?
CATION	gave rise to immed (e), stating the cause lest.	y, which (b)	Generally attentions CONTRIBUTING TO DEATH BUT N	ot related to the ter	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES \( \square\) NO (4)
ENTIFICATION	gave rise to immed (e), stating the cause lest.  PART II. OTHE  20a. ACCIDENT WOR CONTRIBUTING	(b)	ONS CONTRIBUTING TO DEATH BUT NO				EN IN PART 1(a)	PERFORMED?
CERTIFI	gave rise to immed (e), stating the u cause lest.  PART II. OTHE  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	y, which (b) _ inderlying DUE TO  (c) _ R SIGNIFICANT CONDITI  (AS UNDERLYING _	20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury	in Part I or Pert II	of item 18.)		PERFORMED?
CERTIFI	gave rise to immed (e), stating the cause lest.  PART II. OTHE  20a. ACCIDENT WOR CONTRIBUTING	y, which (b) _ intercept	20b. DESCRIBE HOW INJURY OCCURE    20d. INJURY OCCURED   20e. PL   WhileNot While fa		in Part I or Pert II	of item 18.)	EN IN PART 1(a)	PERFORMED?
CERTIFI	gave rise to immed (e), shelling the u cause lest.  PART II. OTHE  20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJI Hour a.m. p.m.	y, which (b) (b) interest of the cause of Dut TO (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	20b. DESCRIBE HOW INJURY OCCURE  20d. INJURY OCCURRED 20e. PL While Not While 15e 15e 16e 16e 16e 16e 16e 16e 16e 16e 16e 16	D. (Enter neture of injury  ACE OF INJURY (Home, flory, street, office bldg.,	in Part I or Pert II form, 20f. (City	of item 18.) or town)	(County)	PERFORMED? YES NO (Stete)
CERTIFI	gave rise to immed (e), stating the u cause lest.  PART II. OTHE  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJU- Hour a.m. p.m.  21. I certify	(b)	20b. DESCRIBE HOW INJURY OCCURE  20d. INJURY OCCURRED 20e. PL While Not While st work 1	D. (Enter neture of injury  ACE OF INJURY (Home, fatory, street, office bldg.,	form, 20f. (City etc.)	of item 18.) or town)	(County)	PERFORMED? YES NO ((Stete))
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MEDICAL CERTIFI	gave rise to immed (e), steffing the cause lest.  PART II. OTHE  20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJI Hour a.m. p.m.  21. I certify saw the decea 22e. SIGNATURE  22c. PHYSICIAN'S NAME (Type	AS UNDERLYING CAS UNDERLYING CAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  That (I) (this hospite sed alive on	20b. DESCRIBE HOW INJURY OCCURED    20d. INJURY OCCURRED   20e. Pt   While   Not While   fa   at work       at work     at wor	D. (Enter neture of injury  ACE OF INJURY (Home, 1 story, street, office bidg.,  at death occured at  ATTENDING PHYS.  22d. ADDRESS  OR CREMATORY	rerm, 20f. (City etc.) 196 to 196 to MED. DIRECTOR Creat	of item 18.)  or town)  the causes  STAFF PHYS.	(County)  3., 1962, and on the county)	PERFORMED? YES NO (Siete)  That (I) (we) ladete stated above 22b. DATE

(1) 改造工作 etunel di birclemid in clamit di Basis Leonardicum 15 days times Pollywood Incheson a tend . at Little, field stiered sank Sh QYLLIS and I was I state at a fare Bours wife Home William Wilke Cotherine Egylen buthfynna (bonyffell fiell) rannamelli anon

F. J. Bonn M.E. Tenne Pille, Md. me Fred Louvelon similar st Silvina faring will a the Martin Language of the language of

largand bangaret

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 05017 Reg. Dist. No. funeral director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission o. COUNTY o. STATE Maryland b. COUNTY St. Mary 1 s MARYLAND St. Mary's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give nearest lawn) Rural Valley Lee Leonardtown. 10 hrs d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS . IS RESIDENCE St. Mary's Hospital YES IN NOT NAME OF Middle 4. DATE Month Day DECEASED OF DEATH April 1062 Biscoe Anita (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years Months June 29,1961 ion and camplete carban popers. ofter death. Colored WIDOWED | DIVORCED [ Female 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? U.S.A. Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Geniveve Biscoe ottending physicic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 2 above Mother same as 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY con ania IMMEDIATE CAUSE to **DUE TO** Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a, m While Not while of work p. m. \_\_\_\_, 19\_\_\_\_, to\_ 21. I certify that I attended the deceased from. \_\_\_\_, 19\_\_\_\_, that I lost saw the deceased olive on and that death occurred at. \_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S Ernest Rehm M. D. Lexington Park. NAME (Type) Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Valley Lee. /62St. Mark's 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S [4] W.Clarke Mattingley Leonardtown. Md. arthur & Kraus DATE 15M 9/58

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law requires that the death certificate be executed within 2.

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W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Rasidence before aum a. COUNTY a. STATE b. COUNTY Princ St. Mary's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town? Mechanicsville Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO DE NAME OF First Middle Last DATE Month Yaar DECEASED OF William Edward (Type or print) Boswell DEATH 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Male Months Deys Jan. 26, 1915 47 yrs. WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? HOME CONSTRUCTION uring most of working life, even if refired) U.S.A 13. FATHER'S NAME 14. MOTHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ( (Ifyas giva war or dates of servica) JESSIE M. BOSWELL 93 BRANDYWINE, 1 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, fenter netura of injury in Part Lor Part II of fram 18.1 PRIMARY TO OF CONTRIBUTING TO 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Whila Not While at work at work 21. I certify that I took tharge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide 4 Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be fo ASSISTANT MEDICAL EXAMINER T DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 6 BOYD NAME (Typa) ple 4 shoul O FUN Health Address (Street, city, Iown, or county) 228. BURIAL, CREMATION. | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR AISME e HUNTT FUNERS | Home, WALDORF arillas & thouse DATERAY 3 162

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

05016

05019 CER	IIFICAI	E OF DE	AIN Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECEA	SED
county St. Mary's	MARYLAND	STATE ]	Marylandounty St	.Marv's
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		orporate limits, write RURAL and give	
or fown ord o'Leonardtown,	5" 'day's	OR .	otico	,
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's F	l <sup>O</sup> spital	STREET	(if rural give locati	on)
3. NAME OF (First) DECEASED (Type or Print) DECEASED	(Middle)	(Lost)	4. DATE (Month) OF ADE:1	1 1, (Year)
S. SEX   6. COLOR OR   7. SINGLE, MARK		raughs OF BIRTH	Tieta C	DER 1 YEAR JIF UNDER 24 HR
Male White (Specify)			73 yrs. Month	
done during most of working life, even if refired) Salesman McDov	ND OF BUSINESS R INDUSTRY WELL Pyle C	11. BIRTHPLACE (State or F	oreign country) aryland	12. CITIZEN OF WHAT
3. FATHER'S NAME		14. MOTHER'S MAID		
Aqualli A. Bu	urroughs	Mary Fr	ances Fowler	
	6. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS	
(If Yas, give wer or dates of service)		He	spital Record	ls
E DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	erebral T	tigen bos	>>	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	interios.	elevosis		
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
98. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21b. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, farm, factory, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town) (C	County) (State)
Wh	ille Not white work et work	21f. HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the dece		19 , 19 5 5, 10 1	Apr. 1, 19 5-2 tha	t I last saw the decease
alive on 19 19 19 and signature	he M.D.	Mechanicsv	causes and on the date st DRESS (Street, city, town, state) ille, Maryland	DATE SIGNED
3. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or cou	
Burial 4/4/62	St. Jo	seph	Morganza,	Md.
4. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	E .	25. FUNERAL DIRECTOR		ADDRESS
DATE APR 4 '62 Continue S. Fernice				UDDKESS

t with horizon Trophenia. Restored atoms, etc. , I I have a second Mark description of the Chief Call C Sonnagenco ( mai | nater) | elect tel orean Flowers Fried Co. 2 delicared . A Allegan Section bintered affection were in diesele de Ra

CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY filed St. Marys MARYLAND funerol b. CITY OR TOWN (If outside corporate limits, write B c. LENGTH OF STAY IN 16 RURAL and give nearest town) shauld Leonardtown Washington d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 22 St. Marys Hospital 1140-44th Pl puo 2 NAME OF Middle DATE (Type or print) Milton Claick DEATH April 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED | DIVORCED T male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life\_even if retired) Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL 2 William Clark offending physicir With 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT event 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. buriol-fransit 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) MEDI Hour a.m. Nat while at work at work p. m. 21. I certify that (I) (this hospital) attended the deceased from UMA 1262 ta\_ saw the deceased alive an UM DIRECTOR: 22a, SIGNATURE ATTENDING M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Laurel Leonardtown. MD Md. State 23g. BURIAL CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) District of Columbia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Month Day Year 22 19 62 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours 66 yrs. 12. CITIZEN OF WHAT COUNTRY? USA Elizabeth White Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPS PERFORMED? YES NO (County) (State) 2 196 V and that death accurred at 125 All from the causes and an the date stated above. 22b, DATE 23d. LOCATION (City, fawn, or county) (State) 25b. REGISTRAR'S SIGNATURE DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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1		MARYLAND STATE DEPARTMENT OF HEALTH
TOD CTATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEDT	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05018
AEALIN DEFI.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission)  a. COUNTY  b. COUNTY
Sa S	_	St. Marys Maryland St. Marys
S FEIVI		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
is nect		Clements
P for all d		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.va street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
de uner ned ate ate.		Rural YES V NO [
dea St	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
h. T. The t		(Type or print) William Russell Cullins, Sr. DEATH April 19 19 62
Meat With With Start	٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 17 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
S m 12 m	10	male   white   whowed     February 18.1890- 72"
1,2 1,2 oge ann ann 72	do	D. LSUAL OCCLPATION (Give kind of work in a during most of working life, even if refired) 10b. KIND OF SUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
our ges Pa	12	Farming Farm owner Maryland USA  FATHER'S NAME  14. MOTHER'S MAIDEN NAME
Man Page	1,,	7074 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
言意を書する	15	William E. Cullins Was deceased ever in U.S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT  Was deceased ever in U.S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT
with 50.	(Ye	s, na, or unkown) (Ifyesgivewerardetesafærvice)
with with perr		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
xect in large		DART I DEATH WAS CAUSED BY. ONSET AND DEATH
o e e e e e e e e e e e e e e e e e e e		IMMEDIATE CAUSE (a) Coronary occlusion Immed.
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should be on the contract of t		geve rise to immediate cause
din din as		(a), stating the underlying DUE TO
iffica pen amii sed on,	z	PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY
rd r	ATIO	PERFORMED? YES NO
This wo	CERTIFICATION	20a, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Part II of them 18.)
Sho sho	G. C.	PRIMARY [ or CONTRIBUTING [ ] CAUSE OF DEATH.
INI Iring hief bur	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State)
AMM Fage to b	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
icate, to the to the prior		21. I certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinion
書がいます		death resulted from: Natural causes 😿 Accident , Suicide , Homicide , Undetermined manner
SEC de Cor		CHIEF MEDICAL EXAMINER
MEI orwine bed		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
RAL (Sana)		DEPUTY MEDICAL EXAMINER \$ 4/19/62
TY TY IN TERMINATE ALL designal	-	NAME (Type) Wm. D. Boyd, MD Leonerdtown could.
secute should be for FUNERAL its designal	228	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, Town, or country) (State)
0 0 4 1 9		Buriab 4/23/62   Sacred Heart Cem. Bushwood, Md.
VS. A15ME	23	ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE
5M 7/59	_	P.B. Robinson - Leonardtown, Md. DATE APR 2 4 '62 Cirhun S. Truma



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH 05023 director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed If institution. Residence before admission) a. COUNTY b. COUNTY St. Marys Maryland St. Marys MARYLAND the funeral should be fi b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Park Hall Park Hall d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Rural Rural YES NO-4. DATE NAME OF First Middle Lost Month Day Yeor DECEASED OF DEATH (Type or print) Katherine 19 Mae AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Manths Doys DIVORCED | WIDOWED . papers 퓽 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA pup Clothing New York seamstress 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME . ⊆ physicio Katherine Kie Stephenson 16. SOCIAL SECURITY NO 17 INFORMANT Rt 1 Box 360 Grace\_ Voorhaar no bexington Parkent William 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form. 20f. (City or town) (State) Doy. Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While - Not while at work at work p. m 1962 that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from La 1962 and that death accurred at 1725 M. from the causes and on the date stated above saw the deceased alive and OR 220. SIGNATURE **NED** ATTENDING PHYS MED DIRECTOR STAFF MD 220 PHYSICIAN'S Board 12d. ADDRESS NAME (Type) 23a BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMOVAL (Specify) Nassau Cemetery Nassau New York Buria 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR P.B. Robinson - Leonardtown, Md. 15M 9/59

death.

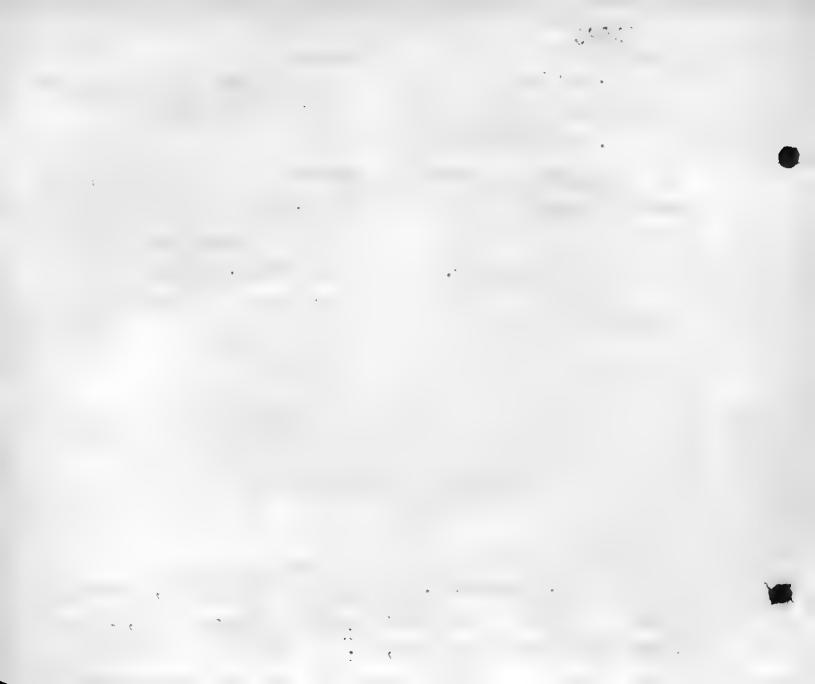


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY b. COUNTY St. Mary's Mary's MARYLAND b CITY OR TOWN (if outs de corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town) Rural Lexington Lexington Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, a ve street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) James Cornelius Dave DEATH Apri 6. COLOR OR RACE 7. MARRIED NEVER MARRIED A B. DATE OF BIRTH 9. AGE (In yeers '.F UNDER I YEAR F UNDER 24 HRS 25 yrs. Months Colored WIDOWED Male DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Siete or foreign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Gas station Maryland pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Daye Florence Chase 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes give wer or deles of service) Father above Same 25 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying PART II OTHER S,GN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (1) 19. WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I. of item 18.) PRIMARY TO O CONTRIBUTING | 20d. NJJRY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (State) 170 62 at work at work Rout # 235 factory, streat, offica bldg., atc.) AEDI 21. I certify that I took charge of the remains described above, held an Autopsy Inspection in Inquiry L and in why opinion death resulted from: Natural causes Accident // Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd M.D. NAME (Typa) Addrass (Streat, city, town, or county) 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Slata) REMOVAL (Specify) 240 g Burial Holiness Cemeterv Park Hall, 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S S.GNATURE VS. A15ME women & thomas Mattingley Leonardtown, Md. DATE APR 2 4 '62 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH	
1 TO 2 3	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 05025 CERTIFICATE OF DEATH	, maryland 05022 _
是是	VI)	1. PLACE OF DEATH  •. COUNTY  •. STATE  •. COUNTY	ni Residence before admission)
hours the f nd 2 s		b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL	St. Mary s
24 ii by	44	Leonardtown DOA Rural Leonardtown	
vithin filled Pages ars aft	1.1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	. IS RESIDENCE ON A FARM?
w hour		St. Mary's Hospital	YES X NO
plet 72		DECEASED (Type of print)  OF DESTRICT  OF DE	Day Yeer
con con infinitiin		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years I IF UNDE	23 1962 R I YEAR OF UNDER 24 HRS.
and and carb		Female White WIDOWED DIVORCED July 16,1960 1 vrs. Mogan's	Days Hours Min.
ficati cian ove			CITIZEN OF WHAT COUNTRY?
certii hysi rem any		Maryland	U.S.A.
death of		13. FATHER'S MAIDEN NAME	
the de attendi hen pla al, and	T	Clarence A. Goddard Jr. Alberta T. Goddard  NIS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17 INFORMANT  Address	
o aff The oval	F	/(Yes, no, or unkown) (Ifyesgive werordates of service) — Mother same as # 2 above	
s the		18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
quire hysic ed b		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	- 22 %
v regisions		DUE TO	· ·
e lav indin seen ial-tr crem		Conditions, if eny, which geve rise to immediate cause	,
The atternance to be burned to		(a), stating the underlying DUE TO  Cause ast  (c)   (d)   (e)   (e)   (f)   (	, 1
AN:	1		ART 1,61 19. WAS AUTOPSY PERFORMED?
STCI aspita se as	(.		YES NO
PHY: the ho this ce of for u		PART II. OTHER'S GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OSEASE CONDITION-GIVEN IN PART II. OTHER'S GN.FICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	
The the		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town)  While Not While factory, streat, office bldg., atc.)  While Not While at work at work	Countyj (Stele)
A det		p.m. 19 al work at work	/
Dep Dep		21. I certify that (I) (this hospital) attended the deceased from	19
R P H		saw the fleceased elive on	the date stated above.
3 S S S S S S S S S S S S S S S S S S S		MD. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
FRA!		22c. PHYSICIAN'S 22d. ADDRESS	711/1/2
8 6	/	Great Mills, M	aryland
Pain Pain R		230, BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or co.	
VR AIS (4)	2.	Burial 4/25/62 Our Lady's Chapel Medley's Neck 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS   250. REC'D BY REGISTRAR   250. REGIS	
15M 7/61	4 1	W.Clarke Mattingley Leonardtown, Md. DATE APR 3 0'62 Cullum	L. Thatter
	6	A CONTRACTOR OF THE PARTY OF TH	



STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution; Residence before admiss or a. COUNTY b. COUNTY St. Mary's St. Mary's MARYLAND c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) b CITY OR TOWN tif outs de corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest lown Park Park Hall Rural /Rural d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO X 3 NAME OF 4. DATE M ddla L-857 Month Year DECEASED [Type or print] 28. 62 Smith Llovd DEATH 19 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) Months | Days Female WIDOWED DIVORCED T 10a. USUA, OCCUPATION (Give kind of work 10h KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (County & State or fore gn country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) wife Scotland. Maryland Home House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Dunbar Frank Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes a vewer or detes of service) Mrs F.D.Bohanan Park Hall. Maryland 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immed etc cause DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION PERFORMED! 20a, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town, (County) (State) factory, street, office bldg., etc.! While Not While Hour a.m. at work at work 21 I certify that (I) (this hospital) attended the deceased from . saw the deceased alive on .... 4/22 226. DATE 220 SIGNATURE ATTENDING PHYS. DIRECTOR | 22d. ADDRESS 22c. PHYSICIAN'S Robert Fuchs M. D. NAME (Type) Leonardtown, Maryland 230. BURIAL, CREMATION, 236 DATE THEREOF, BENEVITATE CITY May 1,1962 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county, (State) St. Michael's Ridge, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Leonardtown. Clather & Theres

funeral

RTMENT OF HEALTH

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requires that the death certificate be executed



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased leved, if Institution: Residence before admission) b. COUNTYSt a. COUNTY Marvis and by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) Leonardtown. days Park Hall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? St. Mary's Hospital YES A NO letely 3. NAME OF Last 4. DATE DECEASED OF сотрі Russell 1962 George (Typa or print) DEATH Apri. Ó 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE IIn years HF UNDER 1 YEAR lest birthday) Deys Months Hours Male WIDOWED DIVORCED plysician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stele, or loreign country) done during most of working life, even if refired) Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Benjamin Quirk Elizabeth Jane Moody 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no or unkown) (If yes give wer or detes of service) 220 Q.Levay St. Mary's City, Md. Mrs Nell 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which 16 geve rise to immediate couse DUE TO (a), steting the underlying ceuse last TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION REFORMED! NJURY OCCURED, (Enter netura of injury in Part I of Pert II of item 18 DESCRIBE HOW 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work | et work 21. I certify that (I) 4third (I) attended the deceased from ... and that death occured at ...T., M, from the causes and on the date stated above. saw the deceased alive of 22b. DATE 220 SIGNATURE ATTENDING. SIGNED DIRECTOR 22d. ADDRESS 22c. PHISICIAN S Jarboe M.D. Great Mills. Maryland 23d. LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY (Stelle) BURIAL, CREMATION, 23b. DATE THEREOF Ebenezer Cemetery 0 Great 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] W.Clarke Mattingley Leonardtown, Maryland, ATE 15M 7/61 a meny S. Hrown



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, H institution: Residence before edmission) PLACE OF DEATH e. COUNTY b. COUNTY 혹검설 St. Mary's MARYLAND ъ b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate hm ts, write RURAL and give nearest town) write RURAL and give nearest town) 6 days Scotland Leonardtown. Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Mary's Hospital Dapers. 3. NAME OF 4. DATE Middle Month Day DECEASED OF (Type or print) DEATH Bernard Holmes Ralev 19 62 6. COLOR OR RACE 17. MARRIED NEVER MARRIED A | 8. DATE OF BIRTH IF UNDER 24 HRS. 19. AGE (In yeers | IF UNDER TYEAR last birthday, Months Days WDOWED DIVORCED Nov.14 Male 10a. USUAL OCCUPATION [G ve k nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Farmer Maryland U. S. A. please 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura V. Holmes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17 Address moval. (Yes, no, or unkown) (If yes give war or detes of service) Hospital Records 18. CAUSE OF DEATH (Enter only one cause pealine for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. 🚽 OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6.1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Perl I or Part I of item 18. OF CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work 21. | certify that (|) (this hospital) attended the deceased from./.. saw. deceased alive SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. MD 22d ADDKESS Zad. LOCATION BURIAL CREMATION. (State) 23a St. Michael's Ridge 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7,61 Leonardtown, DATE

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ARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	E 1 MADVIAND
	05030 CERTIFICATE OF DEATH	05027
	PLACE OF DEATH  a. COUNTY  St. Mary's  MARYLAND  2. USUAL RESIDENCE   Where decessed lived, if Institution of the County b. COUNTY  b. COUNTY	St. Mary's
78 -	b. CITY OR TOWN (if outside corporate limits, write RURAL and give meanast fown)  Leonardtown  18 days  d. STREET ADDRESS  C. CITY OR TOWN (if outs de corporate limits, write RUR  Rural  Callaway  d. STREET ADDRESS	e. IS RESIL
3.	St. Mary's Hospital  NAME OF First Modela Lest 4. DATE Month OF	Day Yaar
5	(Type or print)  Margaret Bradburn Stone  SEX  6. COLOR OR RACE   7, MARRIED   NEVER MARKILD   DATE OF BRTH  9 AGE (In yeers   IF UI light birthday)   Mor	26 1962 NDER I YEAR OF LINDER 20 onthis Days Hours
10.	Female White WIDOWED DIVORCED , June 15, 1873 88 vrs.  a. USJAL OCCUPATION (Give kind of work penal during milduster Willereitrad)  Home Maryland	U.S.A.
T 13	George Henry Bradburn  14. MOTHER'S MAIDEN NAME  Margaret Ellen Lomax	
15 17	. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT Address none Mrs Rose Stone Callaway,	Maryland
CERT F.CAT.ON	18. CRUSE OF DEATH [Enter only one cause part in a for (et., (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO  cause last.  PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  20a ACC DENT WAS UNDERLYING []   20b DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item IB.)  OR CONTRIBUTING [] CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	N PART I(a) 19. WAS AL PERFORI
MEDICAL	saw the deceased alive on	22Ь.
	22c. PHYS CIAN'S NAME (Type)  P. J. HAK Bean M. D.  ATTENDING PHYS. STAFF PHYS. DIRECTOR PHYS. D	#/27/6 yland
- - 23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or REMOVAL (Specify)	



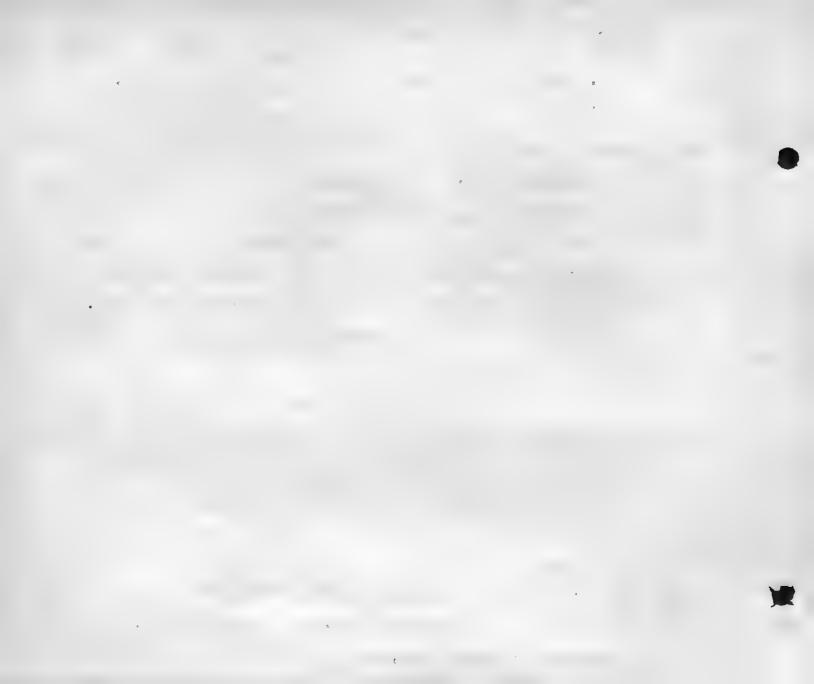
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institutions Residence before admission) e. COUNTY a. STATE b. COUNTY by the and 2 death St. Mary's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town] Lexington Park  $\lambda$  Rural Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Mary's Hospital Rt. YES X NO completely 3. NAME OF M'ddle 4. DATE DECEASED OF (Type or print) Rebecca DEATH Cora Apri 19 Thompson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years ) IF UNDER 1 YEAR ) IF UNDER 24 HRS. and iast birthday) Months ] Hours TRST Female Colored WIDOWEDT DIVORCED [ IDs. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. House wife Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ician, by the attending the warmit. Then please Jefferson Johnson Ellen Elizabeth Kane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes give wer or deles of service) Thompson Rt 2 Box 61 Lexington ho John none 18. CAUSE OF DEATH [Enter only one cause per upe for ,e), (b), en PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, fany, which gave rise to immediate couse **DUE TO** (a), slating the underlying the buri cause lest. CERT. FICATION PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19, WAS AUTOPSY PERFORMED? NO YES 2Da ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury 'n Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (Courty) (State) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D.m. 21. I certify that (I) (this becaused from.... Ageth occured at T. F.M., from the causes and on the date stated above saw the declased alive and that 22a, SIGNATU ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAMÉ Jarboe M. Great Mills, Maryl 23a, BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) Great Mills. 0 HOLV 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 4 15M 7 61 Clarke Mattingley Leonardtown. Md.

24 hours after

RYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05032 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05000
MEALTH DEPT.	
or. Page r files. Health,	1. PLACE OF DEATH  e. COUNTY  St. Marys  b. CITY OR TOWN (f outside corporate limits, write RURAL end give neerest lown)  c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown)
Back of A	Loveville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  A STREET ADDRESS  1 e. IS RESIDENCE ON A FARM?
de fune stainec State death.	Rural  3. NAME OF First Middle Last 4. DATE Month Day Year
death. If id 3 to th id 3 to th say be re with the rs after o	Thompson  Leocodia  S. Thompson  S. SEX  Leocodia  S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  Months Deys Hours Min.
rs after 11.2, an age 5 m 1 and 2 72 hou	male negro   WIDOWED   DIVORCED   12/9/1961   yrs.   4   11   100   USJAL OCCUPATION (G vs. kind of work done during most of working life, even if refired)
M3. Pages M3. Pages pages	13. FATHER'S NAME  Maryland  14. MOTHER'S MAIDEN NAME  USA
ora Pire	Joseph E. Thompson  15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 17. INFORMANT  (Yes, no, or unknown) (Hysesgive were redeles of service)
cuted v ltem 1 with t perm n any	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ancil in a along transii an≣ i	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  Bronch pneumonic  4914 br
hould I' in pe Office burial	Conditions, if any, which (b)
ficate s ending miner's ed as r	(e), stelling the underlying DUE TO cause lest. (c)
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CAMIN be Chie Page 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20s. PLACE OF INJURY (Home, ferm, P.m., 19 et work et work et work
to fl OR:	21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
DICA)	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
T ME thouse the forward for DI	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED  DEPUTY MEDICAL EXAMINER 4/20/62
DESCO EXECUTE Should be for FUNERAL r its designate	EXAMINER'S NAME (Type) Wm. D. Boyd, MD Leonardtown, Mdy)  220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220. LOCATION (City, Iown, or country) (Siele)
00400	Burial 4/21/62 St. Joseph Cem. Morganza, Md.
VS. A15ME TO 5M 7/59	23, FUNERAL DIRECTOR  ADDRESS  246. REC'D 89 REGISTRAR 246. REGISTRAR'S SIGNATURE  P.B. Robinson - Leonardtown, Md.  DATE APR 2 4 '52
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ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if institution; Residence before edmission) 1. PLACE OF DEATH is new director. Percour files. e. COUNTY **b.** COUNTY Maryland St. Marys
c, CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Marys EXECUTE b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) Abell Abell d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural Rural YES THE NO 3. NAME OF Middle DATE DECEASED OF (Typa or print) DEATH MATTIE 19 62 MAGDALEN VAN WORD April 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. 2 wif test birthday) | Months | WIDOWED DIVORCED [ female May 1892 IDa, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if ratired) (retired)Civil Service USA Maryland 8.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mathew Carrey Lucy Ashton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) (If yes give war or datas of servica) James W. VanWord - Abell, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH 5 min: Conorary occlusion: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED? NO 3 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING 2Dc. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, ferm, \* 20f, (City or town) (County) (Stata) factory, street, office bldg., etc.) While \_Not While et work | et work Inquiry | and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicida CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Wm. D. Boyd. Leonandtown wn, Md aty) 228, BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY , 22d. LOCATION (City, town, or country) Sacred Heart Bushwood, Md. 6 248. REC'D BY REGISTRAR | 246. REGISTRAR'S S.GNATURE Leonardtown, Md. DATE APR 1 0 '62 Corting S. Thrus

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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PLACE OF DEATH	7 - CM - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2. USUAL RESIDENCE (Whe		itution: Residence before admissio	in)
St. Marvs	MARYLAND	o. STATE	b. cour	St. Marva	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			ite RURAL and give nearest fown)	
RURAL and give nearest town)	9	Torring	ton Park	X	
d. NAME OF HOSPITAL (If not in haspital, give stree	t oddress)	d. STREET ADDRESS	con Park	e. IS RESID	
OR INSTITUTION		47 T -4	Thedays	ON A F	
41 Lei Drive		41 Lei			A.
NAME OF First DECEASED	Middle	Last	OF .		100
(Type or print) CARROLL		EANT	DEATH Apr		62
SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	mars IF UNDER I YEAR IF UNDER  Months Days Hours	Min.
Male White WIDOV	VED DIVORCED [	Oct.3, 187		yrs. Molitins Days Hoors	WIII.
Da. USUAL OCCUPATION (Give kind of work done 10th during most af warking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar foreign country)	12. CITIZEN OF WHAT CO	UNTRY?
Salesman (retired)	Automobile	Maryl	and	USA	
B. FATHER'S NAME		14. MOTHER'S MAIDEN N	The same of the sa		
Samuel We	ont		Margaret	Delphy	
, WAS DECEASED EVER IN U. S. ARMED FORCES? 16		REFORMANT			\_ Z
Yes, no, or unknown) (If yes, give wer or dates of service)	SOCIAL SECONITI NO.				driv
no		Margaret V.	Meant - L	exington Park	, ma
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]	Throw	. 1	ONSET AND	
Conditions, if any, which gove rise to immediate cause (a), stating the under-tying cause last.			<u> </u>		
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I(a) 19. WAS A	UTOPSY
				PERFOR YES	
20a. ACCIDENT WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18.		.,,,
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SENSE NON HOUR SEESANE	Di (Cinti Herote et Injery III -			
	los es	1.00.00	Tens (etc.)		
20c. TIME OF INJURY Manth, Doy, Year 20d. Hour o. m. 19 at we	e _ Nat while_ fo	ACE OF INJURY (Home, farm clary, street, affice bldg., etc.	(City or rown)	(County)	(State)
21. I certify that (I) (this haspital) atter	ded the deceased from	Jan. 15 101	62% Cloud	13, 1967 that (1) (w	el last
saw the deceased alive on Amil	1		4	* '	
220. SIGNATURE	The indicate of the indicate of	ream accorred of Z_1	M, Itom me cooses	0.01	m + 4 e
1 MUK	-	M.D. ATTENDING ME	ED. STAFF	4/19/	SIGNED 62
22c. PHYSICIANS	*	M.D. PHYS. DII	RECTOR   PHYS.	4/13/	02
NAME /Tunal	in la Min	-	A D1-	Wa	
Wm. H. Patri	ick, MD	Lexing	ton Park,	MIG.	
30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, to	wn, or county) (State)	)
Burial 14/16/62	Westminste	r Cem.	Westmins	ter. Md.	
FUNERAL PRETONS SIGNATURE	ABDRESS			REGISTRAR'S SIGNATURE	
Has Mobinson - Le	onardtown. Md	DATE AL	PR 1 7 '62	Chilling S. Kraus	

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) e. COUNTY b. COUNTY St. Mary's Mary MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL end give neerest town) Ridge Leonardtown, 16 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? H spital St. Mary's YES NO X 3. NAME OF 4. DATE Month Day Year DECEASED Alice Wilson DEATH (Type or print) May 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ast birthday) WIDOWED X DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired] U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Virginia Tyler Weslev T. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (Ifyesgive war or detes of service Mrs Eunice/Lang / Ridge, Maryland 18. CAUSE OF DEATH (Enter only one cause per lige for (e), (b), and (o INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) **DUE TO** geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. PERFORMED? 20b. DESCRIBE HOW INJURY) OCCURED. (Enter neture of injury in Pert I or Pert II of it 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stete) 20d. INJURY OCCURRED I Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. et work el work 21. | certify that (I) (this hospital) attended the deceased from ... M, from the causes and on the date stated above. and that death occured at J. J. saw the deceased 22e. SIGNALURE STAFF DIRECTOR 22d. ADDRESS Great Mills. Md. Jarboe M. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURLAL, CREMATION, 234. DATE THEREOF Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) W.Clarke Mattingley Leonardtown, Md. DATE APR 9 anthung & Trace

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law requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH

